

Program Agreement  
for  
School Food Authority/Community Organization  
to Provide Meal Service during an H1N1 Outbreak

SY 2009-10

This Agreement is between the Nebraska Department of Education - Nutrition Services and

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Name of School Food Authority (SFA) or Community Organization (CO)

and covers the period from July 1, 2009 to June 30, 2010.

For the purpose of providing meals to enrolled children when schools are dismissed due to an outbreak of the H1N1 influenza virus, the undersigned has the authority to enter this Agreement to participate in the:

Summer Food Service Program (SFSP)

-OR-

Seamless Summer Option (SSO) of the National School Lunch Program

- A. It is mutually agreed between the State Agency and SFA/CO that:
1. The SFA/CO will develop a plan to distribute meals to enrolled children when schools are dismissed due to a declaration of a H1N1-related public health emergency under section 319 of the Public Health Service Act.
  2. Such plan is subject to State agency approval and shall meet the requirements established by the Food and Nutrition Service, USDA and the State agency related to appropriate waivers and other logistical and procedural requirements.
  3. The SFA will develop the plan in cooperation with local community organizations and institutions.
  4. The SFA/CO will comply with the applicable requirements of the SFSP and/or the SSO (school lunch rates).
  5. The SFA/CO must notify the State agency when such a plan is activated including which schools are affected and information about how the plan is to be operated.
  6. The SFA/CO agrees that distribution of meals under this Agreement may be episodic and that such programs shall cease operation when the public health emergency is over.

B. General Conditions

1. This Agreement is non-transferable.
2. Neither the State Agency nor the School Food Authority/Community Organization has an obligation to renew this agreement.

Signatures

Nebraska Department of Education  
State Agency

\_\_\_\_\_  
Name of SFA or CO

\_\_\_\_\_  
Nutrition Services Signature

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date